

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

29/494297

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	18 minus 20 = *	
INDEPENDENT CLAIMS	8 minus 3 = *	5
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE ☐ OROTHER THAN
SMALL ENTITY

RATE	FEE	RATE	FEE
	345.00		690.00
X\$ 9=		X\$18=	
X39=		X78=	390
+130=		+260=	
TOTAL		TOTAL	1080

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 18 Minus	** 20	=
Independent	* 8 Minus	*** 8	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 4 Minus	** 20	=
Independent	* 1 Minus	*** 8	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE
ADDI-
TIONAL
FEERATE
ADDI-
TIONAL
FEE

X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE
ADDI-
TIONAL
FEERATE
ADDI-
TIONAL
FEE

X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/494297

Total Fee Calculation

Fee Code	Total # Claims	Number Entries	X	Fee	Fee	Total
Sm. Lg.				Sm. Entry	Lg. Entry	
Basic Filing Fee	201/101					<u>690</u>
Total Claims > 20	207/101	<u>18</u>	20 -			
Independent Claims > 1	207/102	<u>8</u>	5 -			<u>370</u>
Multi. Dep. Claim Present	204/104					
Surcharge	209/105					<u>132/65</u>
English Translation	119					
<u>TOTAL FEE CALCULATION</u>						<u>1210</u>

Fees due upon filing the application.

Total Filing Fees Due = \$ 1210

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 1210

SMC
Office of Initial Patent Examination